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22852 7590 08/24/2010

FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER
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 901 NEW YORK AVENUE, NW
 WASHINGTON, DC 20001-4413

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(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/665,395	09/22/2003	John Butler	08203.0005-04000	4412

TITLE OF INVENTION: WOUND RETRACTOR SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/24/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
RAMANA, ANURADHA	3775	600-208000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<u>1</u> Finnegan, Henderson <u>2</u> Farabow, Garrett <u>3</u> & Dunner, LLP
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ATROPOS LIMITED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

COUNTY WICKLOW, IRELAND

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Application Order - # of Copies _____

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- ~~Applicant~~ ~~Attorney/Agent~~ Payment made electronically at filing.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0916. (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date October 19, 2010

Typed or printed name

Thomas Y. Ho

Registration No. 61,539

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